À]	065	16	87	
	Min									ocket Num	ber
PATENT APPLI		_	RD			. 7					
	Effective	e Januar	y 1, 20	03			Z	528	Z'		
CLAIMS AS FILED - PART I (Column 1) (Co					mn_2)	SMALI TYPE	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
AL CLAIMS		1,				RAT	E	FEE		RATE	FEE
		NUMBER F	ILED	NUMB	ER EXTRA	BASIC	FEE	375.00	OR	BASIC FEE	750.00
AL CHARGEABLE CLAIMS		// minus 20=		. 2		X\$ 9	=		OR	X\$18=	
PENDENT CLAIMS		, minus 3 =		•		X42	_	<u>-</u>			
TIPLE DEPENDENT CLAIM PR							-		OR		
on difference in column 1 is less than new cartes 101 in column 0						+140			OR OR		
ne difference in column 1 is less than zero, enter "0" in column 2											المحريج
CLAIMS AS AMENDED - PART (Column 1) (Column					(Column 3)	OTHER 1 SMALL ENTITY OR SMALLE					
CL	AIMS AINING		HIGH	EST	PRESENT		1	ADDI-			ADDI-
AF	TER IDMENT		PREVIO	USLY	EXTRA	RATI	E	TIONAL FEE	/	RATE	TIONAL FEE
otal + /	/ Mi	inus	-20	0	= 0	X\$ 9	_		OR	X\$18=	
ndependent *	,	inus	*** _	3	- ()	X42=			OR	X84= /	
IRST PRESENTATIO			\dashv	-/-		/					
					1	+140		-/	OR	+280= TOTAL	
10 -1	4\		10:1	0	(O-1	ADDIT. F		· ·	OR	ADDIT. FEE	
CL	umn 1) Alms		(Colun		(Column 3)		-	ADDI-			ADDI
	AINING TER		NUME PREVIO		PRESENT EXTRA	RATE		TIONAL		RATE	ADDI- TIONAL
	IDMENT	2110	PAID I	FOR			\dashv	FEE			FEE
otal *		inus inus	**		=	X\$ 9:	4		OR	X\$18=	
IRST PRESENTATIO			*** ENDENT	CLAIM		X42=			OR	X84=	
						+140=	<u>.</u> [OR	+280=	
						TOT				TOTAL	
(Colu	ımn 1)		(Colum	n 21	(Column 3)	ADDIT. FI	et L			ADDIT. FEE	-
CL	aims Aining		HIGHE	ST	PRESENT		T	ADDI-	. 1		ADDI-

		(Column 1)		(Column 2)	(Column 3)
IDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
S .	Total	*	Minus	**	=

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL CLAIMS

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

INDEPENDENT CLAIMS

Total

8

AMENDMENT

Total

Independent

Independent

FOR

 * If the entry in column 1 is less than the entry in column 2, write $^{\prime\prime\prime}$ in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE TIONAL TIONAL RATE FEE FEE X\$ 9= X\$18= OR X42= X84= OR +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

=

Independent